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Bib Data Sheet

CONFIRMATION NO. 8774

<b>SERIAL NUMBER</b> 10/656,535	<b>FILING OR 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> PARSE-C4
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/365,993 02/13/2003 PAT 7,156,315 which is a CON of 09/768,414 01/24/2001 PAT 7,041,510  
 which is a CON of 09/397,793 09/17/1999 ABN  
 which is a CIP of 09/171,550 10/26/1998 PAT 6,251,691

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA PCT/US97/08159 04/24/1997

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 01/16/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 36	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Melamity</i> Initials <i>mt</i>				

**ADDRESS**

Bioarray Solutions  
 35 Technology Drive  
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**TITLE**

Chips in fluid confinement regions

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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